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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

Application Number	09/823,317
Filing Date	04/02/2001
First Named Inventor	Gartner, Andreas
Group Art Unit	3725
Examiner Name	Not Yet Assigned
Attorney Docket Number	10051-011

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Despite contradictory remarks at an earlier date, Applicants now claim that the power of attorney filed for this application was improper and not authorized by Applicants. Applicants were sent a copy of this request to withdraw via certified mail as of the date of this request. Applicants were also notified of our intent to withdraw via first class mail and facsimile on November 4, 2002. Continuing representation is not possible since the Applicants have expressly stated that representation by the Attorneys was not authorized by them. There are no outstanding actions in this application. Accordingly, Applicant will have sufficient time to obtain other representation. M.P.E.P 402.06

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

**CORRESPONDENCE ADDRESS**

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Place Customer Number  
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OR

Firm or  
Individual Name

Andreas Gartner and Anthony Pappalardo

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ACA Precision Technology, Inc.

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FL

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Telephone

(321) 757-3993

Fax (321) 757-3967

This request is made on behalf of myself and  
 all the attorneys/agents of record,  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number \_\_\_\_\_

This request is enclosed in triplicate (including any attachments).

Name

Terry M. Sanks, Esquire, Registration No. 45,069

APPROVED

*Richard V. Fisher*

Signature

*Terry M. Sanks*  
Nov 6, 2002

RICHARD V. FISHER, DIRECTOR

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NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Total Number of Pages in This Submission	Application Number <b>09/823,317</b>
			Filing Date <b>04/02/2001</b>
			First Named Inventor <b>Gartner, Andreas</b>
			Group Art Unit <b>3725</b>
			Examiner Name <b>Unknown</b>
			Attorney Docket Number <b>10051-011</b>

**ENCLOSURES (check all that apply)**

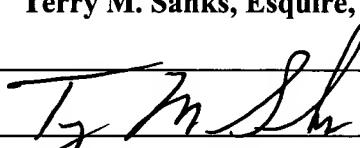
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> 1) Request to Withdraw as Attorney or Agent 2) Return Post Card
Remarks		

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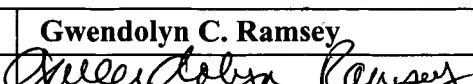
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	<b>Terry M. Sanks, Esquire, Registration No. 45,069</b>	
Signature		
Date	<b>November 6, 2002</b>	

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: **November 6, 2002**

Typed or printed name	<b>Gwendolyn C. Ramsey</b>		
Signature		Date	<b>November 6, 2002</b>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.